

Recipient Committee  
Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA  
FORM 460

Page 1 of 6

For Official Use Only

Statement covers period

from 1-1-00  
through 6-30-00

Date of election if applicable:  
(Month, Day, Year)

Date Stamp

RECEIVED  
JUN 12 11:00 AM  
CLERK  
CITY OF LOS ANGELES

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 7.

- ☒ Officeholder, Candidate  
Controlled Committee  
(Also Complete Part 4.)
- ☐ Ballot Measure Committee
- ☐ Primarily Formed  
☐ Controlled  
☐ Sponsored  
(Also Complete Part 5.)
- ☐ Primarily Formed Candidate/  
Officeholder Committee  
(Also Complete Part 6.)
- ☐ General Purpose Committee
- ☐ Sponsored  
☐ Broad Based

2. Type of Statement:

- ☐ Pre-election Statement
- ☒ Semi-annual Statement
- ☐ Termination Statement
- ☐ Amendment (Explain below)
- ☐ Quarterly Statement
- ☐ Special Odd-Year Report
- ☐ Supplemental Pre-election  
Statement - Attach Form 495

3. Committee Information

I.D. NUMBER

922038

COMMITTEE NAME

Committee to elect  
Stephen J. Mann

STREET ADDRESS (NO P.O. BOX)

P.O. Box 648

CITY

STATE

ZIP CODE

AREA CODE/PHONE

LODI

CA 95241

209-334-5943

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Robert A. Rocha

MAILING ADDRESS

1135 Waterford

CITY

STATE

ZIP CODE

AREA CODE/PHONE

LODI

CA

95242

334-6650

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

Recipient Committee  
Campaign Statement  
Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

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4. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Stephen J. Mann

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

1001 City Council

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

P.O. Box 648 1001 07 95241

Related Committees Not Included in this Statement: List any committees not included in this consolidated statement that are controlled by you or which are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

5. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT  
☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

6. Primarily Formed Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

Attach continuation sheets if necessary

7. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on \_\_\_\_\_ DATE

Executed on 7-12-00 DATE

Executed on \_\_\_\_\_ DATE

Executed on \_\_\_\_\_ DATE

By \_\_\_\_\_ SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

# Campaign Disclosure Statement Summary Page

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>1-1-00</u> through <u>6-30-00</u>	<b>CALIFORNIA FORM 460</b>
Page <u>3</u> of <u>6</u>	I.D. NUMBER <u>922038</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Stephen J. Mann

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (COLUMNS A + B)
1. Monetary Contributions ..... Schedule A, Line 3	\$ <u>99</u>		\$ <u>99</u>
2. Loans Received ..... Schedule B, Line 7	<u>—</u>		<u>—</u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ <u>99</u>		\$ <u>99</u>
4. Nonmonetary Contributions ..... Schedule C, Line 3	<u>—</u>		<u>—</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ <u>99</u>		\$ <u>99</u>

## Expenditures Made

6. Payments Made ..... Schedule E, Line 4	\$ <u>410</u>		\$ <u>410</u>
7. Loans Made ..... Schedule H, Line 7	<u>—</u>		<u>—</u>
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ <u>410</u>		\$ <u>410</u>
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	<u>—</u>		<u>—</u>
10. Nonmonetary Adjustment ..... Schedule C, Line 3	<u>—</u>		<u>—</u>
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ <u>410</u>		\$ <u>410</u>

## Current Cash Statement

12. Beginning Cash Balance ..... Previous Summary Page, Line 16	\$ <u>334</u>
13. Cash Receipts ..... Column A, Line 3 above	<u>99</u>
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	<u>410</u>
15. Cash Payments ..... Column A, Line 8 above	<u>23</u>
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>23</u>

If this is a termination statement, Line 16 must be zero.

\* From previous statement Summary Page, Column C. However, if this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Loans Made (Line 7), and Accrued Expenses (Line 9).

## Summary for Candidates in Both June and November Elections

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 1, Column (b)	\$ <u>—</u>
-------------------------------------------------------------------	-------------

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents ..... See instructions on reverse	\$ <u>—</u>
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column C above	\$ <u>—</u>

	1/1 through 6/30	7/1 to Date
20. Contributions Received .....	\$ <u>99</u>	
21. Expenditures Made .....	\$ <u>410</u>	

*Hi, Alice*

Schedule A  
Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from <u>1-1-00</u> through <u>6-30-00</u>	<b>CALIFORNIA FORM 460</b>
Page <u>4</u> of <u>6</u>	I.D. NUMBER <u>922038</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Stephen J. Mann

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				

SUBTOTAL \$

Schedule A Summary

- Amount received this period – contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ 99
- Amount received this period – unitemized contributions of less than \$100 ..... \$ 99
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL \$ 99

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
OTH – Other

Schedule D  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

CALIFORNIA FORM 460

6-30-00

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Stephen J. MAND

I.D. NUMBER

922038

DATE	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION OF NONMONETARY CONTRIBUTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT
12/6/00	ALAN NAKANISHI 5002 Senate	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		50	Calendar Year Other \$ 50
5/19/00	ALAN NAKANISHI	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		50	Calendar Year Other \$ 100
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure			Calendar Year Other \$
SUBTOTAL \$					

Schedule D Summary

- Contributions and Independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) ..... \$ 100
- Unitemized contributions and Independent expenditures made this period of under \$100 ..... \$
- Total contributions and Independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... TOTAL \$ 100

Schedule E  
Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period from <u>1-1-00</u> through <u>6-30-00</u>		<b>CALIFORNIA FORM 460</b>
		Page <u>6</u> of <u>6</u>
NAME OF FILER <u>Stephen J. Dwyer</u>		I.D. NUMBER <u>922038</u>

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	OFC office expenses	RFD returned contributions
CNS campaign consultants	PET petition circulating	SAL campaign workers salaries
CTB contribution (explain nonmonetary)*	PHO phone banks	TEL t.v. or cable airtime and production costs
CVC civic donations	POL polling and survey research	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POS postage, delivery and messenger services	TAS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	PRO professional services (legal, accounting)	TSF transfer between committees of the same candidate/sponsor
LIT campaign literature and mailings	PRT print ads	VOT voter registration
MTG meetings and appearances	RAD radio airtime and production costs	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
U.S. Post Office	POS		99 99
ALAN NAKANISHI 5002 SENSE	INT	see schedule D	100

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 298

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ <u>298</u>
2. Unitemized payments made this period of under \$100	\$ <u>112</u>
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 2, Column (d).)	\$
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ <u>410</u>